

NOTICE OF ACTION ABOUT YOUR MENTAL HEALTH SERVICES

To: [Name of non-Medicaid Individual]/ Representative (if relevant) **Date:**
Address
Address

From: Clark County Regional Support Network (CCRSN)
P.O. Box 5000
Vancouver, WA 98666-5000

This is to let you know about an action we are planning to take concerning the state funded mental health services that you requested or are currently receiving.

Your (Describe services) _____ **will be:**

- ☐ **DENIED**
EFFECTIVE DATE _____
- ☐ **REDUCED TO** _____ **FROM** _____
- ☐ **EFFECTIVE DATE** _____
- ☐ **SUSPENDED**
EFFECTIVE DATE _____
- ☐ **TERMINATED**
EFFECTIVE DATE _____

The reason for this decision is:

- ☐ You are no longer a resident in the service area.
- ☐ You do not meet medical necessity criteria because:

- ☐ You do not meet the income criteria for state funded services
because: _____
- ☐ Other: _____

CONTACT PERSON CONCERNING THIS NOTICE: **Clark County Regional Support Network (CCRSN)**, Quality Manager, PO Box 5000, Vancouver, WA 98666, 360-397-2130.

IF YOU DON'T AGREE WITH THIS DECISION, you have the right to file a complaint or grievance, either verbally or in writing. To file a complaint or grievance, you may contact the mental health agency where you requested services or Clark County Regional Support Network, Quality Manager, 360-397-2130. You may send your written grievance to the mental health agency or to Clark County Regional Support Network at the address above.

IF YOU NEED HELP WITH FILING A COMPLAINT OR GRIEVANCE you may contact the Clark County Regional Support Network **Ombuds Service at 1-866-666-5070**. The Ombuds Service is available at no charge to assist you or your representative throughout the complaint or grievance process. You may also call us at 360-397-2130. You may also have other persons of your choice assist you during the complaint or grievance process.

If you are hard of hearing or deaf, or have trouble with speech, please contact us through the **Telecommunication Relay Service at 1-800-833-6388 or dial 711**. The Relay Service will be able to provide you with the correct phone number. If you need interpreter services they will be provided to you.

You may ask for an administrative hearing at any time you believe there has been a violation of Washington Administrative Code by contacting:

WA State Department of Social and Health Services Office of Administrative Hearings
P. O. Box 42488
Olympia, WA 98504-2488 1-800-583-8271